

VIRGINIA:

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

COMMONWEALTH OF VIRGINIA

VERSUS

(Defendant Name)

CASE NUMBER: _____

PRO-SE REQUEST FOR RECONSIDERATION OR REHEARING

Please take notice that the Defendant in this case is filing this request to:

____ Reconsider the sentence imposed in this case _____ Rehear this case

Please state the reason you would like the Court to Reconsider or Rehear your case in the space provided below. Print this information clearly. You may attach additional pages.

(Defendant Signature)

Please **print** the following information for use by the Court:

Current mailing address: _____

Daytime Telephone Number: _____

I hereby certify that a true copy of the foregoing was _____ hand delivered _____ mailed this
_____ day of _____, _____ to:

___ Office of the Commonwealth
Room 123
4110 Chain Bridge Road
Fairfax, Virginia 22030

___ Town of Vienna Attorney
c/o Clerk, Town of Vienna
127 Center Street, South
Vienna, Virginia 22180

___ Herndon Town Attorney
2200 Wilson Boulevard
Arlington, Virginia 22201

___ City of Fairfax Attorney
4201 Annandale Road
Annandale, Virginia 22003

FOR COURT USE ONLY:

Date: _____

This request is hereby: _____ granted _____ denied. _____, Judge

The Defendant was notified of the Judge's decision on _____.

___ By telephone ___ By mail